

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION (CHICAGO)		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Wilkes, Paul		Name of Joint Debtor (Spouse) (Last, First, Middle): Forester-Wilkes, Jacqueline
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-7132		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-8033
Street Address of Debtor (No. and Street, City, and State): 1449 N. Lotus Ave. Chicago, IL		Street Address of Joint Debtor (No. and Street, City, and State): 1449 N. Lotus Ave. Chicago, IL
ZIP CODE 60651		ZIP CODE 60651
County of Residence or of the Principal Place of Business: Cook		County of Residence or of the Principal Place of Business: Cook
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):		
ZIP CODE		
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Paul Wilkes Jacqueline Forester-Wilkes	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> X <u>/s/ Mark R. Schottler</u> Mark R. Schottler <u>9/11/2015</u> Date </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: center; margin-bottom: 20px;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: center; margin-bottom: 20px;"> _____ (Address of landlord) </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition*(This page must be completed and filed in every case)*Name of Debtor(s): **Paul Wilkes
Jacqueline Forester-Wilkes****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Paul Wilkes**Paul Wilkes****X** /s/ Jacqueline Forester-Wilkes**Jacqueline Forester-Wilkes**

Telephone Number (If not represented by attorney)

9/11/2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** _____

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)_____
Date**Signature of Attorney*****X** /s/ Mark R. Schottler**Mark R. Schottler**Bar No. **6238871****Schottler & Associates****7222 W. Cermak****Suite 701****North Riverside, IL 60546**Phone No. **(708) 442-5599** Fax No. **(312) 284-4575**9/11/2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____

Signature of Authorized Individual

Printed Name of Authorized Individual_____
Title of Authorized Individual_____
Date**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer_____
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)_____
Address**X** __________
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Document Page 4 of 52
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
 (if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
 CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re: **Paul Wilkes
Jacqueline Forester-Wilkes**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Paul Wilkes
Paul Wilkes

Date: 9/11/2015

**NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**In re: **Paul Wilkes**
Jacqueline Forester-WilkesCase No. _____
(if known)

Debtor(s)

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**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re: **Paul Wilkes
Jacqueline Forester-Wilkes**

Case No. _____
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Continuation Sheet No. 1

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☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: **/s/ Jacqueline Forester-Wilkes**
Jacqueline Forester-Wilkes

Date: **9/11/2015**

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
1449 N. Lotus, Chicago, IL 2 Flat	Fee Simple	C	\$165,333.00	\$235,793.36
Vacation Village Time Share	Fee Simple	C	\$3,000.00	\$4,000.00
Mayan Resorts Time Share	Fee Simple	C	\$3,000.00	\$3,000.00
Grand View at Las Vegas Time Share	Fee Simple	C	\$3,000.00	\$3,000.00
Vellas Vallarta Time Share	Fee Simple	C	\$2,000.00	\$0.00
Total:			\$176,333.00	

(Report also on Summary of Schedules)

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		TCF Bank Checking	C	\$150.00
		TCF Bank Savings	C	\$2,000.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		Ordinary furniture, appliances, electronics, etc.	C	\$2,000.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Ordinary clothing	C	\$850.00
7. Furs and jewelry.		Costume jewelry, watch	C	\$500.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		2014 Tax Refund	C	\$3,500.00

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1997 Toyota Camry	C	\$2,000.00
		2005 Chevrolet Equinox	C	\$5,000.00

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<p style="text-align: right;">3 continuation sheets attached</p> <p>(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)</p>				<p>Total ></p> <p>\$16,000.00</p>

In re **Paul Wilkes**
Jacqueline Forester-WilkesCase No. _____
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds
\$155,675.*☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
1449 N. Lotus, Chicago, IL 2 Flat	735 ILCS 5/12-901 & 902	\$0.00	\$165,333.00
TCF Bank Checking	735 ILCS 5/12-1001(b)	\$150.00	\$150.00
TCF Bank Savings	735 ILCS 5/12-1001(b)	\$2,000.00	\$2,000.00
Ordinary furniture, appliances, electronics, etc.	735 ILCS 5/12-1001(b)	\$2,000.00	\$2,000.00
Ordinary clothing	735 ILCS 5/12-1001(a), (e)	\$850.00	\$850.00
Costume jewelry, watch	735 ILCS 5/12-1001(b)	\$500.00	\$500.00
2014 Tax Refund	735 ILCS 5/12-1001(b)	\$3,350.00	\$3,500.00
1997 Toyota Camry	735 ILCS 5/12-1001(c)	\$2,000.00	\$2,000.00
2005 Chevrolet Equinox	735 ILCS 5/12-1001(c)	\$1,172.00	\$5,000.00
* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		\$12,022.00	\$181,333.00

In re **Paul Wilkes****Jacqueline Forester-Wilkes**

Case No. _____

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xx2195 Berkley Vacation Resorts 2015 N. Ocean Blvd. #120 Fort Lauderdale, FL 33308	-	DATE INCURRED: NATURE OF LIEN: Fee Simple COLLATERAL: Vacation Village Time Share REMARKS: VALUE: \$3,000.00		\$4,000.00	\$1,000.00
ACCT #: xxx311G El Dorado Resorts Corp. 3015 N. Ocean Blvd. #121 Fort Lauderdale, FL 33308	-	DATE INCURRED: NATURE OF LIEN: Fee Simple COLLATERAL: Grand View at Las Vegas Time Share REMARKS: VALUE: \$3,000.00		\$3,000.00	
ACCT #: Future Finance 15859 Ridgeland Ave. #D Oak Forest, IL 60452	-	DATE INCURRED: NATURE OF LIEN: Purchase Money Security Interest COLLATERAL: 2005 Chevrolet Equinox REMARKS: VALUE: \$5,000.00		\$3,828.00	
ACCT #: xxxx8417 Seterus, Inc. PO BOX 2008 Grand Rapids, MI 49501-2008	-	DATE INCURRED: NATURE OF LIEN: Mortgage COLLATERAL: 1449 N. Lotus, Chicago, IL REMARKS: VALUE: \$165,333.00		\$235,793.36	\$70,460.36
Subtotal (Total of this Page) >				\$246,621.36	\$71,460.36
Total (Use only on last page) >					

1 continuation sheets attached

(Report also on
Summary of
Schedules.)(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

B6D (Official Form 6D) (12/07) - Cont.

In re **Paul Wilkes**

Jacqueline Forester-Wilkes

Case No. _____

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #:	-	DATE INCURRED: NATURE OF LIEN: Second Mortgage COLLATERAL: 1449 N. Lotus, Chicago, IL REMARKS:				\$43,000.00	\$43,000.00
SLS PO BOX 219 Atlanta, GA 30348		VALUE: \$165,333.00					
ACCT #: xxx5380		DATE INCURRED: NATURE OF LIEN: Fee Simple COLLATERAL: Mayan Resorts Time Share REMARKS:					
Vacation Class SA DE CV PO Box 56369 Houston, TX 77256	-	VALUE: \$3,000.00				\$3,000.00	
Subtotal (Total of this Page) > Total (Use only on last page) >						\$46,000.00 \$292,621.36	\$43,000.00 \$114,460.36

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6E (Official Form 6E) (04/13)

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

** Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

1 continuation sheets attached

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY	Administrative allowances
------------------	---------------------------

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED			AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #:		DATE INCURRED: 08/26/2015 CONSIDERATION: Attorney Fees REMARKS:				\$3,500.00	\$3,500.00	\$0.00
Schottler & Associates 7222 W. Cermak Suite 701 North Riverside, IL 60546	-							
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						\$3,500.00	\$3,500.00	\$0.00
Subtotals (Totals of this page) > Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$3,500.00		
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$3,500.00	\$0.00

B6F (Official Form 6F) (12/07)

In re **Paul Wilkes**
Jacqueline Forester-WilkesCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx8209 Alliance One 4850 Street Road Suite 300 Trevoise, PA 19053	J	DATE INCURRED: CONSIDERATION: Collecting for - Citibank, N.A REMARKS:				\$2,920.00
Representing: Alliance One		Zwicker & Associates, P.C. 7366 N. Lincoln Ave, Ste 404 Lincolnwood, IL 60712				Notice Only
ACCT #: xxxxxxxxxxxx5641 Amazon.com PO Box 15153 Wilmington, DE 19886	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,649.00
ACCT #: xxxxxxxxxxxx2044 American Express PO BOX 981535 El Paso, TX 79998	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$632.80
ACCT #: xxxxxxxxxxxxxxxx American Express PO BOX 981535 El Paso, TX 79998	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$8,903.00
Representing: American Express		Zwicker & Associates, P.C. 7366 N. Lincoln Ave, Ste 404 Lincolnwood, IL 60712				Notice Only
Subtotal >						\$14,104.80
Total >						

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

13 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxxxxxx American Express PO BOX 981535 El Paso, TX 79998	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$3,294.00
ACCT #: xxxxxxxxxxxxxxxx American Express PO BOX 981535 El Paso, TX 79998	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$67.00
ACCT #: Avenue Comenity Bank Bankruptcy Department PO BOX 182125 Columbus, OH 43218-2125	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$782.00
ACCT #: xxx0221 Barclays Bank Delaware 125 South West Street Wilmington, DE 19801	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$2,462.00
ACCT #: xxxxxxxxxxxxx0292 BestBuy Retail Services PO BOX 17298 Baltimore, MD 21297-1298	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$560.77
ACCT #: xxxx-xxxx-xxxx-7024 BP Chase PO BOX 15298 Wilmington, DE 19850-5298	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,019.48
Sheet no. <u>1</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$8,185.25
<p style="text-align: right;">Total ></p> <p style="text-align: center;">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-WilkesCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx-xxxx-xxxx-6258 Capital One Attn: Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,148.00
ACCT #: xxxx-xxxx-xxxx-6339 Capital One Attn: Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$416.00
ACCT #: xxxx-xxxx-xxxx-3296 Capital One Attn: Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$669.00
ACCT #: xxxx-xxxx-xxxx-6141 Capital One Attn: Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$3,914.00
ACCT #: xxxx-xxxx-xxxx-2628 Capital One Attn: Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,063.00
ACCT #: 1018 Capital One Attn: Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$624.00
Sheet no. <u>2</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$7,834.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx-xxxx-xxxx-2334 Capital One Attn: Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$708.00
ACCT #: xxxxxxxxxxxx Capital One Bank USA, N.A. PO BOX 30281 Salt Lake City, UT 84130	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$29.00
ACCT #: xxxxxxxxxxxx Capital One Bank USA, N.A. PO BOX 30281 Salt Lake City, UT 84130	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$85.00
ACCT #: xxxxxxxxxxxx5407 Carsons Comenity Bank Bankruptcy Department PO BOX 182125 Columbus, OH 43218-2125	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$691.00
ACCT #: xxxxxxxxxxxxxxxx CBNA 1000 Technology Dr. #MS590537 O Fallon, MO 63368	-	DATE INCURRED: CONSIDERATION: Charged off account REMARKS:				Notice Only
ACCT #: xxx9099 Central DuPage Hospital PO Box 4090 Carol Stream, IL 60197-4090	J	DATE INCURRED: CONSIDERATION: Medical Bill REMARKS:				\$25.00
Sheet no. 3 of 13 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$1,538.00
<p style="text-align: right;">Total ></p> <p style="text-align: center;">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-WilkesCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Representing: Central DuPage Hospital		Health Lab 25 North Winfield Road Winfield, IL 60190				Notice Only
ACCT #: xxxxxxxxxxxx Chase Card Services PO Box 659409 San Antonio, TX 78265	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$7,361.00
ACCT #: xxxxxxxxxxxx Chase Card Services PO Box 659409 San Antonio, TX 78265	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$2,038.00
ACCT #: xxxxxxxxxxxx Chase Card Services PO Box 659409 San Antonio, TX 78265	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,503.00
ACCT #: xxxxxxxxxxxx Chase Card Services PO Box 659409 San Antonio, TX 78265	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$10,822.00
ACCT #: xxxxx1995 Chase Mortgage PO BOX 24696 Columbus, OH 43224	-	DATE INCURRED: CONSIDERATION: Home Equity Line of Credit REMARKS:				Notice Only
Sheet no. <u>4</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$21,724.00
<p style="text-align: right;">Total ></p> <p style="text-align: center;">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-WilkesCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxA683 Chicago Health Medical Group 909 Hidden Ridge, Suite 300 Irving, TX 75038-3801	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$38.00
ACCT #: xxxxxxxA683 Chicago Health Medical Group 909 Hidden Ridge, Suite 300 Irving, TX 75038-3801	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$40.00
ACCT #: xxxxxxxA683 Chicago Health Medical Group 909 Hidden Ridge, Suite 300 Irving, TX 75038-3801	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$95.00
ACCT #: xxxxxxxA683 Chicago Health Medical Group 2960 Professional Drive Springfield, IL 62703-5910	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$69.69
ACCT #: xxxxxxxxxxxx Citi Cards PO BOX 6500 Sioux Falls, SD 57117	-	DATE INCURRED: CONSIDERATION: Charge-off REMARKS:				\$22,922.00
Representing: Citi Cards		Client Services, Inc. 3451 Harry S. Truman Blvd. St. Charles, MO 63301				Notice Only

Sheet no. 5 of 13 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >

\$23,164.69

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-WilkesCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx Citi Cards PO BOX 6500 Sioux Falls, SD 57117	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$2,920.00
ACCT #: xxxxxx3916 CMRE Financial SVCS Inc 3075 E Imperial HWY Ste 200 Brea, CA 92821	-	DATE INCURRED: CONSIDERATION: Collecting for - Chicago Market Labs, INC REMARKS:				\$75.00
ACCT #: xxxxxxxxxxxx Comenity Bank / Carsons Bankruptcy Department PO BOX 182125 Columbus, OH 43218-2125	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$617.00
ACCT #: xxxx-xxxx-xxxx-9682 Credit One Bank PO Box 98873 Las Vegas, NV 89193	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,918.00
ACCT #: xxx0244 Dental Works DCP of Illinois (Irving Park) PO BOX 31583 Independence, OH 44131	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$373.00
ACCT #: xxxx-xxxx-xxxx-4376 Discover PO BOX 15316 Wilmington, DE 19850-5316	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$2,678.00
Sheet no. <u>6</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$8,581.00
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-WilkesCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx Discover PO BOX 15316 Wilmington, DE 19850-5316	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$13,259.00
ACCT #: Eldorado Resorts Corps 3015 N. Ocean Blvd # 12 Fort Lauderdale, FL 33308	-	DATE INCURRED: CONSIDERATION: Loan REMARKS:				\$1,624.00
ACCT #: xxxxxxxxxxxx0014 GC Service Limited Partnership Collection Agency Division 6330 Gulfton Houston, TX 77081	-	DATE INCURRED: CONSIDERATION: Collecting for - Citibank REMARKS:				Notice Only
ACCT #: xxxxxxxxxxxx0014 GC Services Limited Partnership 6330 Gulfton Houston, TX 77081	J	DATE INCURRED: CONSIDERATION: Collecting for - Citibank, N.A REMARKS:				Notice Only
ACCT #: xxxxxx597-0 Genesis Clinical Laboratory PO BOX 830913 Birmingham, AL 35283-0913	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$25.00
ACCT #: xxxxxx364-0 Genesis Clinical Laboratory 3231 S Euclid Avenue Berwyn, IL 60402-3467	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$7.52
Sheet no. <u>7</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$14,915.52
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxx85-02 Genesis Clinical Laboratory 3231 S. Euclid Avenue Berwyn, IL 60402-3467	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$75.13
ACCT #: xxxxxxxxxx GMAC Mortgage PO BOX 1330 Waterloo, IA 50704-1330	-	DATE INCURRED: CONSIDERATION: Mortgage REMARKS:				Notice Only
ACCT #: xxx xx8627 Illinois Laboratory Medicine Associates, PO BOX 5966 Carol Stream, IL 60197-5966	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$316.00
ACCT #: xxx x7067 Illinois Pathology Associates PO Box 5965 Carol Stream, IL 60197-5965	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$358.00
ACCT #: xxxx-xxxx-xxxx-4912 Juniper Bank PO BOX 13337 Philadelphia, PA 19101-3337	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$874.35
ACCT #: xxxx-xxxx-xxxx-4912 Juniper Master Card PO BOX 600517 City of Industry, CA 91716-0517	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$2,489.00
Sheet no. <u>8</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$4,112.48
<p align="right">Total ></p> <p align="center">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx2454 Loyola Medicine Two Westbrook Corporate Center Suite 600 Westchester, IL 60154	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$35.00
ACCT #: M3 Financial Services PO BOX 7230 Westchester, IL 60154	-	DATE INCURRED: CONSIDERATION: Collecting for - MacNeal Physicians Group REMARKS:				\$70.00
ACCT #: xxxx5278 MacNeal Hospital 3249 S. Oak Park Ave. Berwyn, IL 60402 Attn: Billing/Collections	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$1,800.85
ACCT #: xxxx8541 MacNeal Hospital 3249 S. Oak Park Ave. Berwyn, IL 60402 Attn: Billing/Collections	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$576.55
ACCT #: xxxx2415 MacNeal Hospital 3249 S. Oak Park Ave. Berwyn, IL 60402 Attn: Billing/Collections	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$123.94
ACCT #: xxxx7769 MacNeal Hospital PO Box 830913 Birmingham, AL 35283-0913	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$569.08
Sheet no. 9 of 13 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$3,175.42
<p align="right">Total ></p> <p align="center">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-WilkesCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx4856 MacNeal Hospital PO BOX 830913 Birmingham, AL 35283-0913	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$772.81
ACCT #: xxxx3682 MacNeal Hospital PO BOX 830913 Birmingham, AL 35283-0913	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$66.60
ACCT #: xxxx6689 MacNeal Hospital PO BOX 830913 Birmingham, AL 35283-0913	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$251.10
ACCT #: xx0394 Metropolitan Advanced Rad. Srv. 1362 Paysphere Circle Chicago, IL 60674-1362	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$292.00
Representing: Metropolitan Advanced Rad. Srv.		Atg Credit PO Box 14895 Chicago, IL 60628				Notice Only
ACCT #: Nationwide 815 Commerce Dr., Suite 270 Oak Brook, IL 6523-8852	-	DATE INCURRED: CONSIDERATION: Collecting for - Cadence Health REMARKS:				\$25.00
Sheet no. 10 of 13 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$1,407.51
Total > (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

In re **Paul Wilkes**

Jacqueline Forester-Wilkes

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCT #: xxxxxxxxxxxx2608							
Pay Pal PO Box 981064 El Paso, TX 79998-1401	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$2,572.00	
ACCT #: xxxxxxxxxxxx0934							
Sears Citicards PO BOX 6286 Sioux Falls, SD 57117-6286	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$242.00	
ACCT #:							
Sears Mastercard PO Box 6282 Sioux Falls, SD 57117-6282	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$10,536.00	
Representing: Sears Mastercard		United Resource Systems 17005 W. Colfax Lakewood, CO 80215				Notice Only	
ACCT #: xxxxxxxxxxxx							
SYNCB / Lowes PO BOX 965005 Orlando, FL 32896	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,086.00	
ACCT #: xxxx3320							
SYNCB/BP PO BOX 965024 ORLANDO, FL 32896-5024	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,180.00	
Sheet no. <u>11</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal >	\$15,616.00
						Total >	

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxx8924 SYNCB/JC PENNEY PO BOX 965007 ORLANDO, FL 32896-5007	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$2,300.00
ACCT #: xxxx9243 SYNCB/Lowes PO BOX 965005 ORLANDO, FL 32896-5005	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,086.00
ACCT #: xxxxxxxxxxxx SYNCB/SAMS PO BOX 965005 ORLANDO, FL 32896-5005	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$8,383.00
ACCT #: xxx xxxxxx2AAA UIC Pathology University of Illinois at Chicago 840 S. Wood St, Suite 130 Chicago, IL 60612	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$1,780.00
ACCT #: xxxxxxxxx2AAE UIC Pathology University of Illinois at Chicago 840 S. Wood St, Suite 130 Chicago, IL 60612	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$844.00
ACCT #: xxxxxxxxx7AAB UIC Pathology University of Illinois at Chicago 840 S. Wood St, Suite 130 Chicago, IL 60612	J	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$48.00
Sheet no. <u>12</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$14,441.00
<p align="right">Total ></p> <p align="center">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxx2AAA UIC Pathology 2723 Solution Center Chicago, IL 60677-2007	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$935.00
ACCT #: xx9161 University of Illinois at Chicago 7720 Solution Center Chicago, IL 60677-7007	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$455.00
ACCT #: xxxxx6168 University of Illinois Reference Lab 7754 Solution Center Chicago, IL 60677-7007	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$55.86
Sheet no. <u>13</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$1,445.86
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total > \$140,245.53

B6G (Official Form 6G) (12/07)

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Darlene & Robert Martin 1449 N. Lotus Chicago, Illinois	Yearly Residential Lease Contract to be ASSUMED

B6H (Official Form 6H) (12/07)

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1	Paul		Wilkes
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jacqueline		Forester-Wilkes
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Pkg. Mech.	Front Desk DTS
Employer's name	Avon Products	Renissance Suites
Employer's address	Midland & Peck Avenues Number Street Avon Plaza	8500 W. Bryn Mawr Number Street
	Rye NY 10580 City State Zip Code	Chicago IL 60631 City State Zip Code
How long employed there?	25 years	3 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$0.00	\$940.74
3. Estimate and list monthly overtime pay.	+ \$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	\$0.00	\$940.74

Debtor 1 **Paul****Wilkes**

Page 35 of 52

Case number (if known)

First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$0.00	\$940.74
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00	\$53.32
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$400.75
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: See continuation sheet	5h. + \$0.00	\$47.07
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$0.00	\$501.14
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$0.00	\$439.60
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$975.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$2,320.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: Long Term Disability / Daycare provider for Sister	8h. + \$417.00	\$1,200.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$3,712.00	\$1,200.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$3,712.00 + \$1,639.60 = \$5,351.60	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12. \$5,351.60	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Debtor remains on long term disability and is unlikely to return to work at Avon.		

Debtor 1 **Paul**

First Name

Middle Name

Last Name

Case number (if known)

5h. Other Payroll Deductions (details)**Dental****For Debtor 1****For Debtor 2 or
non-filing spouse****\$0.00****\$9.06****Vision****\$0.00****\$4.25****Life****\$0.00****\$22.69****Long Term Dis.****\$0.00****\$11.07****Totals:****\$0.00****\$47.07**

Fill in this information to identify your case:

Debtor 1	Paul		Wilkes
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jacqueline		Forester-Wilkes
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
- MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes. Fill out this information for each dependent.....		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4.	\$1,665.87
4a.	
4b.	
4c.	\$250.00
4d.	

Debtor 1 **Paul**

First Name

Middle Name

Last Name

Case number (if known)

Your expenses

5. Additional mortgage payments for your residence , such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$325.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$150.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$223.00</u>
6d. Other. Specify: <u>Mobile Phone plan</u>	6d.	<u>\$185.00</u>
7. Food and housekeeping supplies	7.	<u>\$625.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$75.00</u>
10. Personal care products and services	10.	<u>\$100.00</u>
11. Medical and dental expenses	11.	<u>\$300.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. (See continuation sheet(s) for details)	12.	<u>\$450.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$25.00</u>
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$24.00</u>
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$125.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 2005 Equinox	17a.	<u>\$319.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: <u>SSI tax set aside</u>	17d.	<u>\$348.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **Paul**

First Name

Middle Name

Last Name

Case number (if known)

21. Other. Specify: _____ 21. + _____

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. **\$5,189.87**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. **\$5,351.60**

23b. Copy your monthly expenses from line 22 above.

23b. **\$5,189.87**

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. **\$161.73**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes. Explain here:

Joint debtor has reduced hours with her employer due to care requirements of spouse who is under long term disability.

Debtor 1 **Paul**

First Name

Middle Name

Last Name

Case number (if known)

12. Transportation (details):**Transportation****\$350.00****Auto Repair****\$100.00****Total:****\$450.00**

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No.

Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$176,333.00		
B - Personal Property	Yes	4	\$16,000.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$292,621.36	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$3,500.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	14		\$140,245.53	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$5,351.60
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$5,189.87
TOTAL		33	\$192,333.00	\$436,366.89	

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No.

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 12)	\$5,351.60
Average Expenses (from Schedule J, Line 22)	\$5,189.87
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$5,636.37

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$114,460.36
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$3,500.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$140,245.53
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$254,705.89

In re **Paul Wilkes**

Jacqueline Forester-Wilkes

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ **35** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **9/11/2015**

Signature **/s/ Paul Wilkes**
Paul Wilkes

Date **9/11/2015**

Signature **/s/ Jacqueline Forester-Wilkes**
Jacqueline Forester-Wilkes

[If joint case, both spouses must sign.]

Document Page 44 of 52
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$28,310.69	Year to Date Employment - Joint Debtor
	2014
\$78,700.00	2013

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$21,896.00	Year to Date Other Income - Debtor SSI and Long Term Disability
\$7,800.00	Year to Date Gross Rent - approx.

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
American Express Centruian Bank v. Wilkes 15 M1 118252	Contract Collection	Cook County Circuit Court	Pending

American Express Bank v. Wilkes 15 M1 118249	Contract Collection	Cook County Circuit Court	Pending
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None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS
Continuation Sheet No. 2

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Schottler & Associates 7222 W. Cermak Suite 701 North Riverside, IL 60546	08/26/2015	\$500.00

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☒ If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
 (if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 3

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re: **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 4*

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 9/11/2015

Signature /s/ Paul Wilkes
of Debtor Paul Wilkes

Date 9/11/2015

Signature /s/ Jacqueline Forester-Wilkes
of Joint Debtor Jacqueline Forester-Wilkes
(if any)

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.
18 U.S.C. §§ 152 and 3571

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UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

In re **Paul Wilkes**
Jacqueline Forester-Wilkes

Case No. _____

Chapter 13

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Paul Wilkes Jacqueline Forester-Wilkes Printed Name(s) of Debtor(s) Case No. (if known) _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">X /s/ Paul Wilkes</td> <td style="width: 50%; text-align: right;">9/11/2015</td> </tr> <tr> <td>Signature of Debtor</td> <td style="text-align: right;">Date</td> </tr> <tr> <td>X /s/ Jacqueline Forester-Wilkes</td> <td style="text-align: right;">9/11/2015</td> </tr> <tr> <td>Signature of Joint Debtor (if any)</td> <td style="text-align: right;">Date</td> </tr> </table>	X /s/ Paul Wilkes	9/11/2015	Signature of Debtor	Date	X /s/ Jacqueline Forester-Wilkes	9/11/2015	Signature of Joint Debtor (if any)	Date
X /s/ Paul Wilkes	9/11/2015								
Signature of Debtor	Date								
X /s/ Jacqueline Forester-Wilkes	9/11/2015								
Signature of Joint Debtor (if any)	Date								

Certificate of Compliance with § 342(b) of the Bankruptcy Code

I, Mark R. Schottler, counsel for Debtor(s), hereby certify that I delivered to the Debtor(s) the Notice required by § 342(b) of the Bankruptcy Code.

/s/ Mark R. Schottler

Mark R. Schottler, Attorney for Debtor(s)
 Bar No.: 6238871
 Schottler & Associates
 7222 W. Cermak
 Suite 701
 North Riverside, IL 60546
 Phone: (708) 442-5599
 Fax: (312) 284-4575

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) ONLY if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a JOINT CASE (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days BEFORE the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income
(\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Paul Wilkes**
Jacqueline Forester-Wilkes

CASE NO

CHAPTER **13**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 9/11/2015

Signature /s/ Paul Wilkes
Paul Wilkes

Date 9/11/2015

Signature /s/ Jacqueline Forester-Wilkes
Jacqueline Forester-Wilkes